

5. Hannah W—, a domestic servant, was seen on July 5th, with acute suppuration of the left knee-joint, which had spread from the patellary bursa. The joint was laid freely open under a stream of carbolised water, and the cavity freely syringed out. The protective and carbolic plaster was applied, and the limb placed on a splint. The dressings were renewed every day until the 19th, during which time not a drop of pus was ever visible. On the 20th, as the lips of the wound were pouting and showing no inclination to heal, it was dressed with zinc ointment. On the 23rd the recovery was complete.

6. In an infant aged nine weeks, with acute suppuration of the right knee-joint, the joint was opened with precisely the same, or rather greater, precautions, and the carbolic treatment continued. The result was, however, very unsatisfactory. The antiseptic treatment seemed to have not the slightest influence in checking the suppuration, and the child died in a fortnight.

In the treatment of abscesses by the carbolic method I have been invariably unsuccessful, despite the most persevering and honest trials of Professor Lister's various methods of dressing, and all the precautions recommended by him. My opinion of the antiseptic treatment is that its merits have been greatly over-rated, and its good results, which are quite as uncertain as those of other means, are due more to the greater care taken of the cases, and to the exclusion of air.

Birmingham, January, 1871.

ON THE TREATMENT OF PHTHISIS PULMONALIS BY GLYCERINE AND INDIAN HEMP.

By A. BROSTER, M.D.

I HAVE selected the following case from my Case-book, for the purpose of illustrating the treatment during the various stages of the disease.

Aug. 21st, 1870.—Mrs. J—, aged twenty-seven, a tall, thin woman. She had always enjoyed good health till her marriage, two years and a half ago; had one child, healthy, but pale. Had been suffering from derangement of the liver and phthisis pulmonalis; had expectorated large quantities of matter; had a cough for some time. Had been suffering from diarrhoea more or less for three months, and never could get it stopped. She also had aphthous ulcerations of the mouth and gums about two weeks, and great depression. Was now unable, owing to swelling of the legs, to walk at all. Cold night-perspirations for months, burning of the palms of the hands and feet, and after the same flush as is now present. Chest slightly sunken in both subclavian regions; pectoral fremitus distinctly marked; resonant pectoriloquy distinct on both sides; respiration hurried. Ordered quinine, mercury with chalk, aromatic confection, and conium, in small doses, every four hours, with glycerine, Indian hemp, and stimulants intermediate; beef-tea, milk (fresh from the cow), and nutritious diet; cod-liver oil and iodine rubbed into the chest night and morning, and to wear flannel next to the skin.

Aug. 23rd.—Diarrhoea better; respiration less hurried. She considers herself slightly better. All continued.

25th.—This morning the appetite improved; mouth and throat, although troublesome, improved; had a good night; perspirations better; cough and expectoration decreased. To have champagne, stout, and cider for beverage.

28th.—Very much better; bowels much improved; mouth and throat decidedly better. Slept well last night; no perspiration; cough now slight, and also the expectoration. Mixture repeated, with a draught at night containing chlorodyne and decoction of Iceland moss.

27th.—Cold perspiration at night; pulse 92; constricted pain across the forehead. Ordered a pill to be taken every four hours containing three grains of oxide of zinc, with extract of hyoscyamus; the draught repeated at night.

Sept. 1st.—Is better in every respect, excepting that the gums are greatly swollen, she having been out and taken a slight cold. To have hot fomentations, and gargle containing dilute hydrochloric acid and chlorate of potash, with water, to be used three times a day.

12th.—Pulse 70; no perspirations; coughs only occasionally; mouth and throat better. Ordered the following mixture:—Tincture of Indian hemp, two drachms; gum acacia powder, three drachms; glycerine, two drachms; decoction of Iceland moss, eight ounces: an ounce to be taken three times a day.

Oct. 2nd.—Anticipates following her employment. Examined the chest: consolidated patch much decreased. No night-perspirations for some time. Pulse firm and less quick; tongue furred still; conjunctivæ yellow; no cough. Mixture and pills continued.

5th.—Going on well. All continued.

7th.—Still progressing favourably. Wants to leave off medicine. All continued.

9th.—Has left off taking medicine. Vesicular breathing distinct over the lobes of left side. Has been following her employment the last two or three days.

20th.—I have heard she is now doing well; only delicate.

I have under my care at the present time a case of the same kind.

Williton, Dec. 14th, 1870.

SKIN - GRAFTING.

By R. W. GOLDIE,

ASSISTANT-SURGEON, CHORLTON UNION HOSPITALS.

EIGHT out of ten of the ulcers met with in every-day life, when subjected to the most ordinary remedies, rapidly get well. Of these remedies I may instance the following as among the chief—viz., rest, cleanliness, and caustic. The ninth ulcer will require for its cure appliances of a more powerful description, such as strong nitric acid, strapping skilfully and carefully applied, &c. &c., in addition to internal remedies and diet suited to the constitutional requirements and general condition of the patient.

The tenth ulcer—of which class there are, happily, few—will resist every known method of treatment, although persevered with for a great number of years, under the most favourable circumstances alike for surgeon and patient. It is for cases of this last description that skin-grafting promises at present to do so much, and it is because I have under my care at the present time an ulcer whose duration, position on leg, and antecedent treatment fully warrant me in calling it an *incurable ulcer*, that I venture to submit the following particulars of the case.

Lawrence D—, aged fifty-five, was admitted Oct. 15th, having an ulcer, somewhat club-shaped, situated in the front and lower part of the leg, eight inches long and ranging from two to four inches in breadth. He states that he injured his leg by falling against the sharp edge of a bucket twenty-eight years ago. He was treated for this and recovered; but eight years afterwards—i. e., in 1850—he again injured his leg in the same situation, since which time, although he has been treated in many institutions, including this one, he has received but little benefit up to the present. With such a history I felt it would be but idle waste of time to try any of the usual remedies in this case, and accordingly set about procuring a healthy surface for the purpose of grafting.

On October 22nd I transplanted from the skin of the back of the upper arm three small pieces, each the size of a pea, and bound them to the granulating surface with ordinary soap plaster. Ordered water dressing during the day, and zinc ointment at night, to be applied to the uncovered portions of the ulcer, with a bandage over all.

25th.—On removing the plaster, I found all three adhering; the bits of skin no longer looked white, but were of a reddish-blue colour, and elevated in the centre. Ulcer dressed as before.

In this, as in some of my other cases, no change took place for seven or eight days—the portions remaining perfectly visible in all my cases during this period,—when they rapidly began to increase in circumference, the margin of the ulcer also closing in with almost equal rapidity.

At the time of writing (16th), the two lower grafts are completely merged in the surrounding cicatrix; the upper one has increased to the size of a florin, and is united in one part to the surrounding new skin; the remainder of